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Senator Bingaman, Members of the Subcommittee, thank you for this opportunity to testify about the number one health threat facing our children today and generations to come—obesity.

I am Dr. Joe Thompson, a father, a pediatrician, the Surgeon General of the State of Arkansas and the Director of the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity.

First, I would like to thank all of you for your dedication to this issue. During this time of true economic crisis that is affecting families all across the United States, it is more important than ever that we get on track to reversing this epidemic. As people resort to cheaper, less nutritious foods because of the rising cost of fresh produce, some researchers already are predicting higher obesity rates within three years.

Obesity-related expenses already cost state Medicaid budgets \$21 billion annually. And if we think the cost of obesity is high now, just wait until our current generation of obese and overweight youth reaches adulthood and begins to experience the ill health and disability of chronic disease – not in their 50s and 60s but in their 30s and 40s.

So let me state emphatically: We cannot divert our attention. We must reverse this epidemic of obesity or it threatens to undermine America's future far more than the current economic crisis.

Through a series of hearings held in this subcommittee over the summer, you examined the environmental factors that have led us to where we are today: supermarket flight, food and recreation deserts, urban sprawl, unsafe places to play, squeezed physical education time, vending machines in schools and increased time in front of a screen – television, video game or cell phone, just to name a few.

We did not intentionally allow our families to be negatively affected by our decisions, but we must intentionally reverse these effects. We need your leadership now.

This epidemic cuts across all categories of race, ethnicity, family income and geography, but some populations are at higher risk than others. Low-income individuals, African Americans, Latinos and those living in the southern part of the United States are among those affected more than their peers.

Arkansas is similar to many other southern states—at risk for and paying the price for poor health. Compared with the nation as a whole, we have disproportionately high rates of disease and infant mortality, low life expectancy and low economic status. Like other southern states, Arkansas is also disproportionately burdened by obesity risks in both adults and children. Almost one out of every three adults in Arkansas is obese.

But unlike other southern states, we are doing something about childhood obesity. In 2003 we passed Act 1220, which led to the first and most comprehensive legislatively mandated childhood obesity prevention program in the country. We had three goals;

- change the environment within which children go to school and learn health habits every day;
- engage the community to support parents and build a system that encourages health; and
- enhance awareness of child and adolescent obesity to mobilize resources and establish support structures.

Specifically the law included provisions aimed at:

- improving access to healthier foods in schools, including changing access to and contents of vending machines;
- establishing physical activity requirements;
- creating local parent advisory committees for all schools;
- publicly disclosing so-called pouring contracts; and
- reporting each student's body mass index (BMI) to his or her parents in the form of a confidential health report.

As the Director of the Arkansas Center for Health Improvement, I led the implementation of the BMI assessment program, and I am proud to say that we have halted the epidemic in Arkansas. It took the work of the schools, the community, parents, teachers and kids alike to commit to this system-wide change for the good of their own health and the future of our state and our country. We changed the environment through policies and programs that now support a healthier and more active lifestyle.

When we began measuring our kids' BMIs during the 2003—2004 school year, a little less than 34 percent of children ages 2 to 19 nationally were either overweight or obese. Based on statewide evaluations of virtually all public school students in Arkansas, more than 38 percent of our children and teens were in the two highest weight categories. However, during the next three years (2005–2007) we found that we had stopped

progression of the epidemic – the rate of overweight and obesity remained virtually unchanged at 38 percent per year.

While the rate of childhood obesity in Arkansas is still too high, we are encouraged that our efforts have been successful and that the epidemic has been halted in our state. Now, we can turn our efforts to reversing the trend in our state and sharing lessons learned to inform national efforts.

The most recent evaluation from the Fay W. Boozman College of Public Health at the University of Arkansas for Medical Sciences shows that Arkansas’s law is working to create a healthier environment in schools across the state—and that some families are starting to make healthy changes at home. Some of the key findings of the report include the following:

- The BMI assessments have been accepted and found helpful by parents—and recognition of specific health problems associated with obesity, such as diabetes, high blood pressure, asthma and high cholesterol, has increased over the first three years. Student teasing about weight has not increased since BMI screenings started in public schools—a finding that counters initial concerns proposed by opponents of the Act who feared that the BMI mandate would lead to more children being the target of jokes about body fat.
- Sixty-one percent of school districts in Arkansas have policies prohibiting vending machines from selling junk foods, , up from just 18 percent in 2004.
- Twenty-six percent of vending items at schools are in a healthy category, up from 18 percent four years ago.
- Parents are making efforts to create healthier environments at home by limiting junk foods—and limiting the time their children spend in front of a television or video game screen and by encouraging more physical activity.
- In 2007, 72 percent of students increased their physical activity overall, up 10 percent from the 2006 study. But there is still work to be done, especially in school. Only 41 percent of students reported participating in daily PE in 2007– a drop from 71 percent in 2004.

Every year since implementation we are learning more about how this law is working and we look forward to the next evaluation report from the College of Public Health which will be issued this January.

Beyond the statistics, the positive impact that our policy changes are having on individual kids like “Samantha” has been the one of most encouraging success stories. Samantha was 10 years old when a routine screening at her school showed that she was at serious risk for obesity. Her mother, who thought Samantha was going through a harmless phase

she'd outgrow, got the message. In addition to embracing changes made at school, Samantha's family also took steps to improve their health at home: eating better, reducing TV time and becoming more physically active. Samantha's BMI percentile dropped, and her weight classification changed from the highest category to a healthy weight. She's kept extra weight off and feels better than ever before.

This is what has worked for Arkansas. In order to help other states model this program and the changes we made in our state, we need to identify and disseminate best practices. I want to ask the U.S. Congress for help in sustaining our state-based effort and expanding it to the nation.

Beyond what is happening in my home state, there is a real opportunity for everyone to play in reversing this epidemic.

That is why the Robert Wood Johnson Foundation has committed \$500 million over five years to reverse childhood obesity rates by 2015. For millions of young people, the Foundation wants to avert, the life-limiting consequences increasingly associated with obesity—type 2 diabetes, heart disease, stroke, asthma, certain kinds of cancer and many other debilitating diseases. We are investing in three interlocking areas – research, action and advocacy – with a specific focus on children at greatest risk for obesity.

In order to coordinate and maximize our efforts, next month we will launch the new Robert Wood Johnson Foundation Center to Prevent Childhood Obesity. The Center will be the only national institution focused solely on reversing the epidemic that threatens our country's children and adolescents.

We will provide expertise and support to organizations, policy-makers and communities. The Center will help shape and coordinate these groups' efforts and build a nationwide movement to solve this critical health issue. The major programs funded by RWJF on the ground and in communities across the nation will form the core of this movement.

I want to share some of these programs with you – and how in addition to what we are doing in Arkansas – we are starting to craft creative solutions that will help fight this epidemic.

As you will see, we are concentrating our efforts broadly – in schools, at the state level and within vulnerable communities – by investing in systemic and lasting changes that will improve healthy eating and active living. Our goal isn't to drop in, spend some money and then leave. We want to create systems so the change carries on.

The Alliance for a Healthier Generation's Healthy Schools Program is our biggest investment in school-based solutions to the epidemic. The Alliance is a joint initiative of the Clinton Foundation and the American Heart Association. The Healthy Schools Program works with schools nationwide to develop and implement policies and practices that promote healthy eating and increased physical activity for students and staff. The program places special emphasis on reaching schools that serve students at highest risk for obesity.

After two years of operation, the Healthy Schools Program now provides on-site support to more than 1,900 schools and online assistance to more than 1,900 schools in all 50 states, including 18 schools in New Mexico. The online assistance includes a Web site providing tools to help schools create a healthier environment and evaluate the nutritional value of foods and beverages. To date, the program has reached more than 1.66 million students, held three annual forums and recognized nearly 70 schools for creating healthier environments. We expect the program to expand to more than 8,000 schools by 2010.

We are also investing in statewide change through state evaluation projects and funding the National Governors Association's Healthy Kids Healthy America Project. RWJF funds evaluations of state wide policies designed to prevent childhood obesity in six states: Arkansas, Delaware, Mississippi, New York, Texas and West Virginia. Some states have changed policies to provide healthier foods at schools, improve physical education and assess the body mass index of school children, while others are addressing the foods and services offered through their Women, Infants, and Children (WIC) programs.

The evaluations examine whether or not the policies are being implemented as they should be, if they are effective in addressing childhood obesity, and what residents think of them. Each of these evaluations will have valuable lessons to share once their evaluations are completed.

The Healthy Kids, Healthy America initiative, which encourages governors and state leaders across the country to support increased physical activity and healthy eating among children, is funding projects in 15 states. Such projects include: integrating healthy messages into the classroom through hands-on activities; increasing physical activity levels in daycare settings; developing school and community action plans; creating model voluntary guidelines for nutrition, physical activity and screen time for after-school providers; tracking students' physical fitness; and providing comprehensive wellness screenings for children in school.

New Mexico is a Healthy Kids Healthy America state. Building off momentum already present in the state, Gov. Bill Richardson (D) has improved alignment and collaboration among the state's obesity prevention efforts by creating a senior-level, childhood obesity advisory position in the Office of the Health Secretary. A coalition—composed of more than 40 state agencies in eight departments and more than 60 private and public organizations—agreed to deliver consistent youth obesity prevention messages across all their programs. The importance of this cross-cutting coordination cannot be stressed enough and needs to be a model for what we are doing at the federal level as well.

Other programs we fund reflect the importance of increasing opportunities for active living and healthy eating, as well as complement state government-led efforts that are already under way. Our work with the Safe Routes to School National Partnership and The Food Trust demonstrates this approach. Safe Routes to School is a national and federally funded program to create safe, convenient and fun opportunities for children to bicycle and walk to and from school. The national partnership supports organizations,

government agencies and professional groups in their efforts to develop coalitions and action plans to make this happen. The partnership focuses on 9 key states and the District of Columbia, chosen because they have large populations at a greater risk for childhood obesity.

The Food Trust helps to expand the supply of food resources available to low-income communities by advocating policies that increase the availability of fresh food in communities, creating model programs, undertaking research studies on food disparities and disseminating findings to government officials and policy-makers. Collectively, these efforts are addressing the systemic issues that prevent our food and farming system from adequately serving hundreds of thousands of individuals throughout the region every year.

The Food Trust was a partner in creating the Pennsylvania Fresh Food Financing Initiative, the nation's first statewide program to address the lack of access to healthy food in low-income neighborhoods. With RWJF funding, The Food Trust is working with partners in Illinois, Louisiana and New Jersey to explore state-level solutions to the problem of poor food access in these states.

We are also right in the middle of launching three new community-based programs, the largest of which is our Healthy Kids, Healthy Communities Program. Healthy Kids, Healthy Communities is a \$44 million initiative that is the Foundation's largest investment to date in community-based solutions to childhood obesity. Just yesterday we announced nine leading sites that will receive grants of up to \$400,000 over four years to help make policy and environmental changes to increase opportunities for physical activity and healthy eating among children and their families

The leading sites are urban and rural, large and small. They include Chicago; Columbia, Mo.; Louisville, Ky.; Seattle; Somerville, Mass.; Washington; and Baldwin Park, Central Valley and Oakland in California. Through impressive partnerships of neighborhood associations and public agencies, all are pursuing an array of strategies to reshape their communities and promote active living and healthy eating – through farmers markets in public schools and community gardens, new bicycle lanes and wider sidewalks, even a pedestrian-only boulevard on weekends.

The program will grow to approximately 70 communities when another round of funding is awarded late next year. The leading sites will then act as mentors for these additional cities and counties. Yesterday, RWJF released a call for proposals the second round of Healthy Kids, Healthy Communities funding. Preference will be given to applicants from communities in 15 states where rates of childhood obesity are particularly high—Alabama, Arizona, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and West Virginia. About five dozen grants of up to \$360,000 will be awarded to qualified community partnerships. I ask that all of you present today share this news with your community organizations here in New Mexico, since you are one of the target states.

In addition to the Healthy Kids, Healthy Communities program, we are going to be launching another national program called Communities Creating Healthy Environments that aims to prevent childhood obesity by increasing access to healthy foods and safe places to play in communities of color. Grants totaling \$2.5 million will be awarded to 20 diverse, community-based organizations and federally chartered tribal nations to develop and implement effective, culturally competent policy initiatives to address childhood obesity at the local level.

The Foundation soon will be funding 22 faith-based coalitions across the country – many of them centered in Latino communities– to push forward policy and environmental changes that can make the biggest difference such as: building community gardens; increasing access to healthy and affordable foods and safe places to play in low-income communities and communities of color; and fostering urban agriculture and youth engagement.

We are enthusiastic about all the programs under way, but we understand that we can't solve this crisis alone.

We know it is crucial to work with federal, state and local leaders—those from public health and public schools, industry and business executives, and physicians, hospitals and nonprofit organizations in the community.

In August, the Foundation was pleased to partner with Trust for America's Health in releasing the 2008 *F as in Fat Report*. The report issued a clarion call for a national strategy to fight obesity.

“This needs to be a comprehensive, realistic plan,” according to the report. One that “involves every agency of the federal government, state and local governments, businesses, communities, schools, families, and individuals.”

And, the report continued, the strategy “must outline clear roles and responsibilities and demand accountability. Our leaders should challenge the entire nation to take responsibility and do their part to help improve our nation's health.”

I am pleased to endorse, your plan, Senator Bingaman, to create an interagency coordinating task force or council, across all agencies within the federal government to create strategies and synergies to prevent childhood obesity. With a new Administration and a new Congress and a renewed focus on prevention, I am hopeful we will be able to really take a wholesale look at how the federal government is organized and identify opportunities to push a comprehensive active living and healthy eating agenda.

Additionally, as Congress is faced with major pieces of legislation to reauthorize SCHIP, No Child Left Behind, Child Nutrition and WIC and SAFETEA-LU, I would be remiss not to make recommendations. At a minimum, I urge Congress to

- Include obesity as a treatable condition in the State Children's Health Insurance Program;

- Provide funding to implement and enforce federally required school wellness policies;
- Require nutrition standards for competitive foods;
- Align the federally reimbursable school meal programs with the Dietary Guidelines for Americans;
- Increase the intensity, duration and quality of physical activity in schools;
- Incorporate a physical fitness index or physical education quality score in school performance ratings;
- Implement complete streets that are designed and operated to enable the safe and convenient travel of all users of the roadway, including pedestrians, bicyclists, users of public transit, motorists, children, the elderly and people with disabilities;
- Support Safe Routes to School; and,
- Adequately fund Centers for Disease Control and obesity prevention grants to states.

As I said at the beginning, we must intentionally reverse this epidemic. All of us have a role to play. I believe the reforms we have put in place in Arkansas are working and are replicable. And I believe that the programs funded by the Robert Wood Johnson Foundation will help the nation chip away at this problem. But none of this is enough. We need the federal government and state governments to lead by promoting and incentivizing model policies – some of which I touched on today.

And as research points us to new and innovative solutions, we must remain flexible to fund and implement them as well. We must change the toxic environment that unwittingly reinforces poor nutrition and sedentary lifestyles and exacerbates health conditions that threaten the future of our children and our nation.

As you face the acute crises facing the nation today, please do not fail to look for strategies to support the long-term changes needed to reverse this epidemic. As you reauthorize important programs in the coming year, on behalf of the nation's families, please incorporate steps to intentionally align federal incentives with supportive environments.

We did not develop this problem overnight. We must act now to start the process in reversing the epidemic of obesity that threatens to rob our children, our families, and our nation of its future.

We simply cannot fail to take action.